PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

CAUSE OF DE

V. S. No. 1

TION is very important. See instructions on back of certificate.

TH in plain terms, so that it may be

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11784
1. PLACE OF DEATH	(P)
county starford WITHIR FARERS	Registration Dist. No. 185
Village or City Jaharre de grace md	
(If	eNoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME (atherine C. abbott	
(a) Residence: No. 6005 Ontario St	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWN, OR DIVORCED (write the word)	21. DATE OF DEATH Sel. 2 1993
5. If married, widowed, as dispresed	(Month) (Day) (Yeer)
HUSBAND of COLUMN THE TO SEE THE THE THE THE THE THE THE THE THE T	22. , I HEREBY CERTIFY, That I ettended deceased from
Martin t. about	Mar. 1932 to West 2 1933
6. DATE OF BIRTH (month, day, and yeer) (0 eT 7. 1867	I last saw h _ ex alive on _ Jet _ 2 _ 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.30 a.m.
65. H 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or necticular	Date of onset
NOT WANTED THE SAWYER, SAWYER, BOOKKEEPER, etc. 9. Industry or businese in which work was done, as \$ILK MILL, SAW MILL, BARR, etc. 10. Date deceased last worked at this occupation (month and	Wilno Deliroso
9-Industry or business in which	aut morardeles.
work was done, as SILK MILL. Own home.	Chrome Interstated
- Spollt III tills	auplintes
year)occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) . I take de grace	
(State or country) Manyland	
14. BIRTHPLACE (dity or town) Treland	
14. BIRTHPLACE (city or town) reland	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CLASSA V. Brannes	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) James de Grace	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Succell attack	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OB REMOVAL	Manner of injury
Place VILL & hundry Date + & Coth , 1933.	Nature of injury
19. UNDERTAKER Pennington + Sou.	24. Was disease or Injury in eny way related to occupation of deceased?
(Address) Have all grace m. L	If so, specify
20. FILED Fil 4 1933 Charles J. Fales M. D.	(Signed) (Stantas of John M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRATI V A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be

-WRITE PLA

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

certificate.

See instructions on back of

0	1	2 day	0	200
U	I	6	U	1)

1. PLACE OF DEATH	
County Hartord	Registration Dist. No. 184
Village or City Street RD 2	No. St. Ward
Length of residence in city or town where deeth occurred 40 yrs mo	death occurred in a hospital or institution, give its NAME instead of street and number)
	Oll Joseph Mills
2. FULL NAME Saron Louis	oquen
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Selection (Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of Charles Ofler	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 27 1846	I last saw hele alive on Belle 9 1083; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 10 Pm.
86 4 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Broncho Pheimonia Chiff
kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc. 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Chester Co Par	Other Contributory Causes of importance: Analysis of right and
(State or country)	
13. NAME Charles Biles 14. BIRTHPLACE (city or town) - Character Co Par	
14. BIRTHPLACE (city or town) - Character Lo - 1-a	Name of operation Date of
15. MAIDEN NAME Flandet Vackson	What test confirmed diegnosis? Wes there an autopsy? 22. 23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Jackson 16. BIRTHPLACE (city or town) Photoster C Pa	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Ma Chas Davis (Address) Street md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Constant Date Aut 2, 19 W	Neture of Injury
19. UNDERTAKER Hutel PHorkers. (Address) Della Par	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (16b. 1/-, 19.33) 8. J. S. H. C. Malb Registrar.	(Signed) Charles (Hilly more) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
DEPENDENCE OF STREET				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

JRD. Every item of infor-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01786
1. PLACE OF DEATH	(17.2)
County Hayou	Registration Dist. No. 183
Village or City Sand bulle	NoSt.,Wai
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME Henry Elgow Co	
(a) Residence: No.	IT (1)
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note Sa. If married, widowed, or divorced 4. COLOR OR RACE OR DIVORCED (Price tha word) Married, widowed, or divorced	21. DATE OF DEATH (Month), (Day), 193 3.
HUSBAND OF gertude Col	22. DI HEREBY CERTIFY. That I attended deceased from 1933, to File 10, 1933
6. DATE OF BIRTH (month, day, and year) 12 1877	I last saw ham alive on fell 2, 1933; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 7, 45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 744 11. Total time (years) spant in this occupation (month and year) occupation 30	
12. BIRTHPLACE (city or town) Hereford es med (State or country)	Other Contributory Causes of infortance: Classinic Anoderial lelsen proli
13. NAME MOSES P COC	arthrip-Itersio 1930
14. BIRTHPLACE (city or town) Bulto es mad	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Hamed 2. Halker 16. BIRTHPLACE (city or town) Harford Co not (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Gertrade Coc (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOUAL Place Same flamble Page 2/12, 132	Manner of injury
19. UNDERTAKER SSTAND TONICLE. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Fet. 12 Co33 Thomas R Brown Registrar.	(Signed) Chas C. Cyres M. (Address) White Hall Med

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis t.	3 days ago
	,	TOSKI SO	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERT	IFICATE OF DEATH	01787
Harford		120
TTV CCTANT LO	Registration Diet No.	102

Length of residence in city optown where death occurred Soyrs If mos. 2 ds. 2. FULL NAME (a) Residence: No. (b) St, (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (winite the word) 5a. If married, widowed, or divarced HUSBAND of (or) WIFE of (or	Registration Dist. No	ds.
Length of residence in city ortown where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) DIVORCED (write the word) 5a. If married, widowed, or diverced HUSBAND of (or) wife of Married 6. OATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at Cary this occupation (month and year) 11. Total time (years) spent in this occupation (occupation / o.gra.)	How long in U.S. if of foreign birth?yrs	et and number)
Length of residence in city optown where death occurred. Syrs. If mos. 2 ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or diverced HUSBAND of (er) wife of	How long in U.S. if of foreign birth?yrs	ds
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or diverced HUSBAND of (er) WIFE of (write the word) 6. OATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, as SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, as SAWYER, BOOKKEPER, etc. 10. Oate deceased last worked at Company of this occupation (month and year) 11. Total time (years) spent in this occupation (occupation 10 Apra)	Ward. If nonresident give city or too MEDICAL CERTIFICATE OF DEA	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (en) WIRE of Market Stand I day,	If nonresident give city or too MEDICAL CERTIFICATE OF DEA	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) Fig. 1 If married, widowed, or diverced HUSBAND of (er) WIFE of (write the word) Fig. 22. 6. OATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days 1 LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at Cury this occupation (month and year) 11. Total time (years) spent in this occupation / O gras occupatio	If nonresident give city or too MEDICAL CERTIFICATE OF DEA	1.0
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fig. 16 married, widowed, or diverced HUSBAND of (or) WIFE of Warried Married 6. OATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at Carry this occupation (month and year) 11. Total time (years) spent in this occupation 10 Arcs.	MEDICAL CERTIFICATE OF DEA	wn and State
So. If married, widowed, or diverced HUSBAND of (er) WIFE of Husband (er) WIFE of WIFE of Husband (er) WIFE of WIF	E OF DEATH	
53. If married, widowed, or diverced HUSBAND of (er) WIFE of (Married) (Marr	JW: 23	. 193.3
S. OATE OF BIRTH (month, day, and yeer) March AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (occupation 10 year)	(Month) (Day)	(Yeer)
AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Day Jaboule 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at Chry this occupation (month and pear) 11. Total time (years) spent in this occupation / 0 3725.	1 HEREBY CERTIFY, That I at U 4 1933, to Feb.	tended deceased from
8. Trade, profession, or particular kind of work done, as SPINNER, Day Labrale 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at Cary this occupation (month and 1973) 11. Total time (years) spent in this year)	him alive on Teb. 24-,1	9.33; death is seld
8. Trade, profession, or particular kind of work done, as SPINNER. Day Laboule 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at Chuy spent in this occupation (month and year) 11. Total time (years) spent in this occupation (month and year)	curred on the date stated ebove, at 12/199.m.	
kind of work done as SPINNER. Hay Laborale SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oats deceased last worked at Cluy this occupation (month and year) 11. Total time (years) spent in this occupation 10 3725.	CIPAL CAUSE OF OEATH and related causes of Importance	Date of onset
year)	arcinoma of Soke	eee
year)	······································	44
year)		000
Other Con		200
2. BIRTHPLACE (city or town) Adultated Co. (State or country)	tributory Causes of Importance:	9 05
13. NAME LOWER COL		7
13. NAME 14. BIRTHPLACS (city or town) (State or country) What fact What fact	peration Exploratory Deconfirmed diagnosis? Was the	7.7
15. MAIDEN NAME Elizabeth Bond 23 If death	was due to externel ceuses (VIOL ENCE) fill in elso the fo	No.
(State or country) Where did	injury occur?	
20. 10. 11. 11.	(Specify city or town, county a ether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Berford Con Manner of		
Place Mozentian Servetel and Fift 1 8 1032	injury _ 8	
20. FILED Let 28, 1933 M. F. Rachardren (Signal Registrar.	injury	ed? No

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	Example I)	Example 11	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAD A TRUE	1915	Attack of epilepsy	1 week ago
Chronie interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAN V. S.	July 5, 1927	Peritonitis	3 days ago
	And was a second			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	The same of the same	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL

MARGIN RESERVED FOR BINDING

V. S. No. 1

B.—WRITE PLAINLY, WIT. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DENTIFUM plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IIS IS A PE	be stated I	be properly	of certificate
UNFADING INK-TH	supplied. AGE should b	n terms, so that it may b	ee instructions on back o
WRITE PLAINLY, WIT.	mation should be carefully	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01788
1. PLACE OF DEATH	(23)
County Harford	Registration Dist. No. 189
Village or City Dublin	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Roland a. Cullu	ds. How long in U.S. If of foreign birth?yrs,mos,ds,
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH
Male White Married (wrige the word)	21. DATE OF DEATH Fela. 21 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Clarence Cullum	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Mon 10. 1893	I lest saw half alive on fell 70 1933; deeth is seld
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et
39 9 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
2 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	(Zechniculario)
9. Industry or business in which work wes done, as SILK MILL, Road work SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
10. Date decessed last worked at this occupation (month and 1932) spent in this occupation occupation	م
/O # A 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Harland Committee	V
E Abroland Ca	72
(Stete or country)	Neme of operation
	Whet test confirmed diagnosis? Wes there en eulopsy?
E Abolio 105	23. If death was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of injury 19
Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Roland Cullum (Address) Area Md	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Dublin lem Date Lel, 24, 1933	Nature of injury
19. UNDERTAKER H. S. Bailey (Address) 49 ar instance of mod	24. Wes disease or Injury In eny way related to occupetion of deceesed?
20. FILED Jeb & L. 1933 M. W. Kirla Resistrar.	(Signed)
Vegintal.	(Mouros) - francisco franc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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où.	
93	
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1	1. PLACE OF DEATH	<u> 82-0</u>
/	County Hay from	Registration Dist. No. 184
/	Village or City Afference	No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)
1	//:	ds. How long in U.S. If of foreign birth?yrsmos
11.	2. FULL NAME GESTSE Q. Day	
38	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4. COLOR OR RACE OR DIVORCED (rurice the word) Market Market S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurice the word)	21. DATE OF DEATH 7 16 1933 (Month) (Day) (Yea
58.	If married, widowed or divorced HUJBAND of (or) WHEE of	22. I HEREBY CERTIFY, That I ettended doressed
	DATE OF BIRTH (month, day, and year) lan 23- 1860	I last saw him alive on 7 157 193 death in
7.	AGE Years Months Days If LESS then	to have occurred on the date stated above, at
6. 7.	73 0 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
NOI	8 Trade profession or particular O	Date of
	Industry or business in which work was done, as SILK MILL, A Communication of the state of the s	ļ
back	SAW MILL, BANK, etc.	
0	this occupation (month end 100 spent in this 1-4-	
instructions	yeer) — — — — occupation — O. Man	Other Contributory Causes of importance:
12	2. BIRTHPLACE (city or town) (State or country)	
Str.	1/12- \ 1:1	
	14 DIDTHOLAGE (city on house)	Name of operation Dete of Dete
FAT	14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis?
E E	15. MAIDEN NAME May & Chalk	23. If death was due to external causes (VIOLENCE) fill in also the following:
OFHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_
M M	(State or country)	Where did Injury occur?
ur hery 17	(Address) Polesville and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	B. BURIAL, CREMATION, OR REMOVAL OF THE 42	Manner of injury
	Place Stary Octage Lay Date JUD 10, 1963	Nature of injury
19	O. UNDERTAKER Della Par (Addiess) Della Par	24. Was disease or Injury in any way related to occupation of deceased?
20	D. FILED Feb. 17, 19 33 26. 1. 5. VICTURE	(Signed) 2 2 27 Harris Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	77.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4.*
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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See instructions on back of certificate.

TION is very important.

infor-

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01790
1. PLACE OF DEATH	71-30
County Harfug	Registration Dist. No. 183
Village or City Laren Hell and	No. St., Ward
Length of residence in city or town where death occurred yrs. 5 mos. 2. FULL NAME Length of town where death occurred yrs. 5 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	M DATE OF BEATH
male white OR DIVORCED (orite the word)	1. DATE OF DEATH Fell- 5 1923 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Ann Ellen Welchen	22. I HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) Gel 16-18-5-6-	I last saw have alive on 75 de 5 1985 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 4m_
77 3 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Influence + Date of onset
Industry or business in which	groveno omenoma
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 6 / spent in this office occupation	4
12. BIRTHPLACE (city or town) Rocks (State or country)	Other Contributory Causes of importance:
13. NAME archabold bletchen	
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Clarific Was there an autopsy?
15. MAIDEN NAME MAD PULLEY	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Elm Fletcher. (Addrass)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 1 I make land 1 Date 2 19 33	Nature of injury
19. UNDERTAKER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fet. 8 , 1933 Thomas P. Grown Registrar.	(Signed) M. D. (Addrass) M. D. (Addrass) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
4	1. PLACE OF DEATH	CERTIFICATE OF DEATH
3	1/2. WITHIR BOSPORATE LIMIT	
	County Harford	Registration Dist. No. 185
10	Village or City Spare - de - Grace	No. Haspital St., Ward
1		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
5/	1	Total
statemen	2. FULL NAME James July	ant. no
200	(a) Residence: No. 3 3 12 Luan St. (Usual place of abode)	St., Ward. / Dalumare da If nonresident give city or fown and State
Lyact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	Male Colored OR DIVORCED (regice the word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced	
	HUSBAND of mildred Fritz	22. J HEREBY CERTIFY, That I attended deceased from
9	6. DATE OF BIRTH (month, day, and years on be marien) 1888	Hast saw ham alive on Depune, 26 , 19 83; death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 6/30 2m.
certificate	45 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	were as follows:
Jo	kind of work done, as SPINNER, Falvarers SAWYER, BODKKEEPER, etc.	Manuel 1 - Pullet 2-25-33
back	▼ 9 Andustry or business in which	in I die a
	work was done, as SILK MILL, SAW MILL, BANK, etc	- San Sange
on	- In this sees harrow (months and	. 0
ctions o	year) occupation	Other Coutributory Causes of Importance:
ctic	12. BIRTHPLACE (city or town)	7'
	(State or country) Worth Carolina	
insi	13. NAME Kobert Friety 14. BIRTHPLACE (city or town) Unknown	, , , , , , , , , , , , , , , , , , , ,
See	14. BIRTHPLACE (city or town) Unknown	Name of operation
S	(State of County)	What test confirmed diagnosis? Was there an autopsy?
ant. See instru	15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIQL ENCE) fill in also the following:
	5 16. BIRTHPLACE (city or town) - Museuaww	Accident, suicide, or homicide? Homes & Date of injury 25 1933
very import	(State or country)	Where did injury occur? Hane de Grace Md.
ii.	17. INFORMANT Havie de Grace Haspital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) desce de Grace Md.	opening whether mighty occurred in thousand, in thome, or the opening reade.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Versiole Shot.
rion is	Place not from lety Date 3/1 ,1933	Nature of injury Bellet in lungo.
TION	Janal PBin alma	
E	19. UNDERTAKER Social Alburtons (Address)	24. Was disease or injury in any way related to occupation of decessed?
T)	Tel 22 miles may may	(Signed) Asseph Tramburger Coroner)
	20. FILED J. 1933 Olarles J. My Registrar.	(Address) Hane de Grase Tul
		110001

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage : IPAR 4 1905	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	5.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	IER STATEMENTS BY PHISICIAN
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Supplied. AGE should be stated EXACTLY.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAINLY, WIT mation should be carefully

JRD. Every item of infor-

should state

PHYSICIANS

Exact statement of OCCUPA-

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	*********** 95E
County Harrord 10 12 Times 10 14	Registration Dist. No. 18-5
Village or City Harde de Grace	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurred	s 9 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Conne Giles	
(a) Residence: No. 8 3 3 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (winds the word)	21. DATE OF DEATH (Month) (Day) (Year)
Se. If marriad, widowed, or divorced HUSBAND of January Giles	22. / I HEREBY CERTIFY, Thet, I attended deceased from
40 11000	- Jan. 14 ,193, to feb 3 ,1933
6. DATE OF BIRTH (month, day, and yaar) telesary 6, 1837	[last saw has aliwe on 7 rulay 3-3, 1933; daath is sald
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Deys If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at C. M. m. The PRINCIPAL CAUSE OF DEATH and related causas of importance
ormin.	wara as follows:
kind of work done, as SPINNER,	Bronche-pulymona 1-14-33
SAWTER, BOURKEEPER, atc.	sclouday to a Chrones
work was done, as SILK MILL, Voruestie Server	faroneletter fune 19:
10. Date deceased last worked et this occupation (month and 193/ spent in this occupation (month and 193/ spent in this occupation) 12. BIRTHPLACE (city or town) / lunguard (State or country) 2 13. NAME / longe / luclosley	
12. BIRTHPLACE (city or town) / engue	Other Contributory Causes of importance: Landiae allaw peunation 1930
(State or country)	
13. NAME Glorge Rulesley	
2 14. BIRTHPLACE (city or town) / empuracy	Name of operation Date of
	What test confirmad diagnosis? Was there an autopsy? Zuo
15. MAIDEN NAME Eliza Gileson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME CLEAN CHILDREN 16. BRTHPLACE (city or town) Plumpurum (State or country)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
13 INFORMANT A / W/ / WWW - A / / A WWW / INFORMATION	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Perrynthu M 18. BURIAL) CREMATION, OR REMOVAL 19. BURIAL CREMATION	Manner of Injury
riace 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of Injury
19. UNDERTAKER Permington, & Son	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 225 S. Serochurston St.	If so, specify Ω
20. FILED Feb. 8 1933 Charle & Joley M. D	(Signed) Staule L. Lawan M. D.
Registrar.	(Address) 552 St. Clair St.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decoased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car SERT THY	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01793
1. PLACE OF DEATH	·
County County Corporation LIMIT	Registration Dist. No. 185
Village or City Harrel de Trace	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Jestens 41/00	
(a) Residence: No. 2 21 A. 74/0 Alamana	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, -OR-DIVORGED (write the word)	21. DATE OF DEATH
Temale Colored Window	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIES of	22. I HEREBY CERTIFY, That I attended decesed from
Teorge Title	Jan. 27 1, 1933 to Figh 5th, 1933
6. DATE OF BIRTH (month, day, end year) Tunkyour	last saw her alive on Fest. 5th, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 76 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	f g g
1 9. Industry or business in which	Desword Nemourage
work wes done, es SILK MILL, Szarate fame	
10. Deto deceased last worked et Jan 27 11. Total time years)	7
year) 1933 occupation with	Albert Control and
12. BIRTHPLACE (city or town) Scarrede Grace	Other Contributory Causes of importance:
(State or country) maryland	West Selevore
13. NAME Imericate Sond	/
14. BIRTHPLACE (city or town) Near Perryman	Name of operation Dete of
(Stete or country) Hanfierd Clo.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unbufour	23, if death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
Cstate of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT NA. James Freel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manager 4. 1
Plecast James Cemelepate Feb 84. 1933	Manner of injury
1 Hamilet Hone	
19. UNDERTAKER (Address) Harrold Grand Communication	24. Wes disease or injury In any way related to occupation of deceased?
20 FILED Fet. 8 1033 6 Karles John 20 D	(Signed) Anne 26 Day M.D.
20. FILED	(Address) Home Dr George ned
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	à, I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroenteritis	1 year

-WRINE

V. S. No. 1 B of OCCUPA-

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harfard GIZEIS CORPORATE LIMIT	Profession Pill II / 155
AN OF	Registration Dist. No. 185
Village or City Adulte - Ce - Village (If Length of residence is city or town where death occurredyrs,rpos.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME William & Ha	usel
(a) Residence: No. Plrryville Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH File 14 , 1923 (Month) (Day) (Year)
5e. H. merried, widewed, or divorced HUSBAND of Mrs Luara Hausel	(Month) (Dáy) (Year) 22. HEREBY CERTIFY, That I attended deceased from
1 191	Ful 13 ,1933, to Ful 14 , 1933.
6. DATE OF BIRTH (month, day, and year) 14-1862 7. AGE Years Months Days If LESS than	I last saw h and alive on fully, 1933; deeth is seid
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated ebove, et. 6.1-10.1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or continues	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Returned Editor -	
Standustry or business in which work wes done, as SILK MILL, Mexic Duper	Leabetes Bullitus
SAWYER, BOOKKEEPER, etc. 11. Total time (years) spent in this occupation (month and year) occupation in known	Aliabetic Coma
12. BIRTHPLACE (city or town) Lewisburg (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) a Lewis burg	Name of a section
(State de country)	Neme of operation
15. MAIDEN NAME Mary nesbitt	What lest confirmed diagnosis? Wes there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Phary Person Pe	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edward & Parkl	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Lewisburghnion Cola Date Feb 15th, 1933	Nature of injury
19. UNDERTAKER Servington Your (Addiess) Haved of Frage Md	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Det. 15 , 133 Charles J. Doley 20. D. Registrar.	(Signed). Churches Holing M. D. (Address) Admiration Single Print

(Address) / former fax

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1933			
Other contributory causes of importance: V. 3.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	L		

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

rtant.

TION is very

19. WNDERTAKER (Address)

Howard K.McComas, Abingdon, Md.

20. FILED. Feb- 10, 19 33 Hred

mation should be carefully supplied.

of OCCUPA-

Exact statement

	STATE C	F MARY	LAND-	CERTIFICATE OF DEATH 0179	,
1. PLACE OF DE	ATH			<u> </u>	
County	Harford			Registration Dist. No. 188	
Village or City		dgewood	Arsenal	No	Ward
			(16	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in	city or town where	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth? yrsmos	ds.
2. FULL NAME		- Hold			
(a) Residence: No.				St., Ward. If nonresident give city or town and State	
		The second second			CHICAGO I
PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
To	LOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	
-ещите	White	Sing	Le	Feb. 9 (Month) (Per	ar)
5a. If married, widowed, or di HUSBAND of	ivorced			22. HEREBY CERTIFY, That I attended deceased	from
(or) WIFE of		P-1	4.7.7		
S DATE OF RIDTH (month		Feb. 9	133	I last saw h alive on 19 : death	
1 day		If LESS than	to have occurred on the date stated above, at		
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
_ 8. Trade, profession, or	particular	-	ormin.	were as follows:	onset
8. Trade, profession, or kind of work don SAWYER, BOOKK Industry or business work was done, a SAW MILL, BANY 10. Date deceased last with soccupation (s	e, as SPINNER, EEPER, etc	nfent			
Industry or business work was done, a SAW MILL, BANK	in which			Still born	
SAW MILL, BANK	(, etc				
	nonth and		t in this		
year)		(occut	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or tow	n)Mar	yland			
(State or country)					
13. NAME Jac	ob S Hol	dt			
		Conn		Name of operation	
(State or country				What test confirmed diagnosis? Was there an autopsy?.	
15. MAIDEN NAME	Francis		1	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
0 16. BIRTHPLACE (city or	town)	Conn		Accident, suicide, or homicide? Date of Injury	
≥ (State or country	Jacob Ho	121		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT(Address)	Edgewood	d Arsen	al Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Place Bridgeport, Conn. Date Feb. 13 1933				Manner of injury	

Cocal Registrar.

Nature of injury.

(Signed)

(Address)

If so, specify

way related to occupation of deceased?__

Edgewood-Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I The principal cause of death and related eauses of importance were as follows: Date of onset			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1933	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				•
		1		

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (auford =1781 2007)	Registration Dist. No. 18-5
Village or City Have de Grace (IF	NoStWard death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Many V, James	J
(a) Residence: No. 8 3 7 (Usual blace of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeusele Colored S. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
Sa. If married, widowed, ordiverced HUSBAND of (or) WIFE of Laures	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mov. 10, 1869	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at. 12:404 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, Youse work SAWYER, BOOKKEEPER, etc.	rotic) rephrition De ation several months.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Undustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this content in the state of the state	Hispertension aus 7, 1923
11. Total time (yeers) this occupation (month end) year)	arteus solvan 1923
12. BIRTHPLACE (city or town Narlington,	Other Coutributory Causes of importance:
(State or country)	Cardiac delorupeuration 1932
13. NAME John (refuer 14. BIRTHPLACE (city or town) Narlsugton	
14. BIRTHPLACE (city or town) Narlungton	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Farriett Subs	23. If daath was due to axternal causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
Hann Flames	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT October Factor LOC Glades	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR REMOVAL 7 1 21 35	Mannar of injury
Place allest ruger Date 1 19 3	Nature of injury
19. UNDERTAKEN ELLA CULTUSONY (Address) CONSTITUTION, VIII.	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED Fel. 20 , 133 Clarles J. Folly, n. D. Rogistrar.	(Signed) Claude Lawan M. D. (Address) 5-52 St. Claus 51 Have le
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B. certificate.

If in plain terms, so that it may be

See instructions on back of

TION is very important.

CAUSE OF OR

Exact statement of OCCUPA.

1. PLACE OF DEATH	92-0
County Aarlord	Registration Dist. No. 182
Village or City Belace my	No. St., Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred y yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Quehand threson	
(a) Residence: No. 109 Glier Cinn	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WID OWED,	21. DATE OF DEATH 7
Male Polored OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	wascalle
(or) WIFE of Mrs. Magain Johnson	To the deceased on above date and found
The solution of the solution o	him deas. after careful investigation
6. DATE OF BIRTH (month, day, end year)	and examination of the body I am
7. AGE Years Months Days If LESS than/	The PRING WAL CAUSE OF DEATH and related causes of Importance
58 X 0 3 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Tau Labour	Cerebral hemorrhage Feb.
= SANTER, DOORNELTER, ELG.	1,193
9. industry or business in which work wes done, as SILK MILL, SAW MILL, BÄNK, etc	uno dealh occurred
10. Date deceesed last worked at (2) 11. Total time (years)	at about 2 P.M.
this occupation (month and 1932 spent in this occupation / 6 9 3	
Tourson Town	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Thursday (State or country) Maraland	
13. NAME William Johnson	
E	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there en eutopsy? \(\sqrt{2} \sqrt{2} \)
H	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Belling (State or country) (State or country)	Accident, suicide, or homicide?
n m	Where did injury occur? (Specify city or town, county and State)
17. INFORMANY MID: Maggle Johnson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	***************************************
Place phermale Compate tel 5- 1983	Manner of injury
11 South	Nature of Injury
19. UNDERTAKER HENRY Jarring Jorns	24. Was disease or injury In any way related to occupetion of deceased?
(Address) Acilly Cly not	If so, specify O I () A Rep
20. FILED Felt 4, 1993/ C/tachandson	(Signed) U. T. Oake M. O.
Believe Md Registrar.	(Address) ISRI Usi, Max
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year 3
	1915 1921 July 5, 1927	The principal cause of death and related cause of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

TION is very important

should state

item of infor-

V. S. No. 1

1. PLACE OF DEATH	(94P)
County Harfard	Registration Dist. No. 480
Village or City magnolia md.	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME naomi Pearl Kestner	
(a) Residence: No. Magnitia	St., Ward.
(a) Residence. ND. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of William Harold Kestner	- Jun 12 1933 July 2 1933
6. DATE OF BIRTH (month, day, end year) QQQ 1893	I lest saw h
7. AGE Years Months Days If LESS than 1 dey,hrs	to have occurred on the date stated above, at A A Mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 9 4 0rmin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	toronom Cembelia
SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Total time (years)	
10. Date deceased lest worked at this occupation (month and yeer)	2
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) maryland (State or country)	Variouse Variot
13. NAME John Sunther	(my muces
13. NAME John Suntker 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Commission Sunther	23. If death was due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME Promission Sunther 16. BIRTHPLACE (city or town) magnification (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) In a grandla	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place abington Date Jeb 28, 195	Nature of injury
19. UNDERTAKER H. H. M. Clocman	24. Was disease or injury in any way related to occupation of deceased? No
(Address) abeington med	If so, specify
20. FILED Feb 27, 19 33 Kred Morlak	(Signed) A Manual Man
local Registrar.	(Address) I I M Marcha

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01799
1. PLACE OF DEATH	
County Haylerdo	Registration Dist. No. / 8
Village or City Alexander Francis Cotto	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
700 7 N. 0	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME CLEA C. Surby	1 1 1 10
(a) Residence: No. Helly of Holland (Usual place of abode)	Most d Ward. The lf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 74 28 2
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. 9 HEREBY CERTIFY, That I attended deceased from
CRATE OF MOTH (See) 150 7 1	1933, to 28 , 1933 1933
6. DATE OF BIRTH (month, dey, and year) May 2 4 - 1970 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trede, profession, or particular	were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Chrome	entra HEmorrhan 1 26-3
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and spent in this scenation (month and spent in this scenation (month and spent in this scenation).	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
Plant	Other Contributary Causes of Importence:
12. BIRTHPLACE (city or town) Therefore (Stete or country)	and the second
13. NAME Thomas & Klinky	The second was
14. BIRTHPLACE (city or town) Pengman	Neme of operation Date of
(State or country) 1 Maryland	Whet test confirmed diagnosis? Charles Westhere en eulopsy?
15. MAIDEN NAME Mary E. Dugan 16. BIRTHPLACE (city or town) Have de Grace	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Have de Grace	Accident, suicide, or homicide? Ap Date of Injury19
E (State or country) maryland	Where did injury occur?
17. INFORMANT Mr. Charles a Virty	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Harre de Fraid Jud.	
18. BURIAL, CREMATION, OR REMOVAL Place DW. Lun Growthy Date March 4 1932	Manner of Injury
14	Neture of injury
19. UNDERTAKER HUNTY Jarring House	24. Wes disease or injury In any way related to occupetion of deceased?
20, FILED Meh 3, 193 O. B. Merhod Registrar.	(Signed) To Necue M. D. (Address) Ham & Grand 2000
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis U.S. A.U.V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			:

PHYSICIANS should state of OCCUPA. Exact statement UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, WIT

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County Harffrey	Registration Dist. No. 182
Village or City Alluce	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Clisa M A	Sole.
(a) Residence: No. Silva	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OB KACE 5. SINCLE, MARRIED, WIDOWED, OR DEPREED (write the world)	21. DATE OF DEATH (Month) (Pay) 1933 (Year)
5a. If married, widowad, ordivorced HUSBANO of (or) WIFE of Funckly A	22. I HEREBY CERTIFY. That I attended deceased from October 30 19 33 to Teles 1933
0.83 1650	Hast saw h & alive on July 4 19.33; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z
74 1 20 . 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade potential or particular	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER CAUSE SAWYER, BOOKKEEPER, etc.	Loby Precuric
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10 Date deceased last worked at f1. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	mixaditis
13. NAME John Lingles.	
13. NAME THE ACE (city or town)	Name of operation Oate of
(Stata of Country)	What test confirmed diagnosis? Was there an autopsy? It
15. MAIOEN NAME Susaire Assh.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
71.1.41.12.0	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMAÇÃO TRANSPORTOR (Addiess)	Specify whether injury occurred in thousand, in home, of in robert reade.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plate sullander Date Tels. 6, 19.33	Nature of Injury
19. UNDERTAKTOTILIQUE V Gross.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Berson vaca	If so, specify
20. FILEO Fib 9 , 19334 & Rich and on Registrar.	(Signed) Wholishing M. D. (Address) Halls Why
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy & & A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		davidoae	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

TION is very important. See instructions on back of certificate.

should state of OCCUPAiteth of infor-

PHYSICIANS

Exact statement

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01801
1. PLACE OF DEATH	- Ren
County Horford	Registration Dist. No. 184
Village or City Barduff	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	t and the state of
2. FULL NAME Samuel & SAT	210
(a) Residence: No. (Visual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORGED with the word	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22 ₇ I HEREBY CERTIFY, That I attended decessed from
Mujssa! Harris	Jan 10, 1933, 10 Feb 4, 1933.
6. DATE OF BIRTH (month, day, and year)	Mast saw harmalive on taken 4, 19.33; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	Vo have occurred on the data stated above, at ≤ 1.29 €.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
87 Ormin.	were es follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Bally trussed by Fet lot
andustry or business in which	fall down stage steps 1933
work was done, es SILK MILL, SAW MILL, BANK, etc	In left Lobox Premous
10. Data deceased last worked et this occupation month and occupation occupation occupation.	A Mariana Mari
12 DIDTUDI ACE (sibuer town)	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME JOHN NOZUS	
13. NAME 14. BIRTHPLACE (chy or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME (MILLS) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury Jan 12, 19-33_
S (State or country)	Where did injury occur? Land of Manager (Specify city or town, county and State)
17. INFORMANT CARDINA CARDINA (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury as alone
Place Date 1903	Nature of injury
19. UNDERTAKER	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Della da.	If so, specify
20. FILED Feb. 6 , 19,33 X1. J. S. 11 (2) with Registrar.	(Signed) Address) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE, OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

IION is very important. See instructions on back of certificate.

BINDING	PERMANE
S	A 50
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANE.
MAKGIN K	UNFADING
	LIM
	PLAINLY,
4 6 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	B.—WRITE
:	ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	—— Tra
County Touford	Registration Dist. No. 184
Village or City January	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME	20
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married widowed or divorced	21. DATE OF DEATH 23 (Par) (Year)
HUSBAND of Connect Of Gory WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1952, to 28, 155
6. DATE OF BIRTH (month, day, and year) 28/872	I laskaw han alive on Mille 7, 19 ; death is said
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above, at
60 0 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jenjumia 1982
a Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Pribaries	Other Centributery Causes of importance:
(State or country)	
13. NAME Dong I Pyle	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation none Date of Date of
(State of Country)	What test confirmed diagnosis? Clance Was there an autopsy?
16. BIRTHPLACE (city or town) Cylinder	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CARRIED COLOR (Address) Professional Color (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Hallman Dad Date 72627, 1933	Nature of injury
19, UNDERTAKER 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Tarm die Od	If so, specify
20. FILED Jeb 24, 1933 76 J. S. M. Malb Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING FOR RESERVED ARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH pluods of County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) CO ds. How long in U.S. If of foreign birth? Every statement PHYSICIAN RECORD. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH DIVORCED (norme the word) rarrela (Month) (Day) (Year) 5e. If married, widowed, or divorced. CERTIFY, That I attended deceased from (or) WIFE of 5 9 6. DATE OF BIRTH (month, day, end yeer) certificate. properly 7. AGE Months Davs If LESS than 1 day ...--- hrs. or____min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. may back Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc. no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupetion __C instructions NFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME / See plain 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis HER important. 15. MAIDEN NAME . If death was due to external causes (VIOLENCE) fill in elso the following: 0 Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) ž (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Address) 323 OF musn 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE TION -WRI Nature of injury 24. Was diseese or Injury way related to occupetion of deceased? 19. UNDERTAKER (Address) ~ If so, specify (Signed) Registrar. (Address) ___.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY

V. S. No. 1

TION is very important.

19. UNOERTAKER

(Address)

CAUSE OF DEA

If in plain terms, so that it may See instructions on back

certificate.

of

Exact statement of OCCUPA-

1. PLACE OF DEATH County Narford (III) Village or City Napore de Arace Length of residence in city or town where death occurred (III) 2. FULL NAME 6 MM 8 Color (a) Residence: No. Long Bar Narbar (Usual place of abode)	Registration Dist. No. Registration Dist. No. No. How long or institution, give its NAME instead of street and number) St., Ward. Edguard. St., Ward. Edguard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Tharried, widowed, or divorced Tharried or divorced or divo	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, dey, and yeer) QCX 23-1870	22. I HEREBY CERTIFY That Lattended deceased from Left 25, 1933, to Left 26, 1933 I lest sew h 41, alive on Cult 26, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Rephritis
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Washington (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Rising Squu (State or country)	Name of operetion Dete of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Brown 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Hoofital Gadress) Have the Grade Mrd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Mar. 1 19 33	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury

If so# specify (Signed).

(Address)

24. Wes disease or injury in any way related to occupation of deceased?

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Chronic interstitial nephritis	Run over by street car	1 week ago	
Cerebral hemorrhage Juli 5,1927	Peritonitis	3 days ago .	
7 6 8			
Other contributory causes of importance?	Other contributory causes of importance:		
Other contributory causes of importance? Gallstones May 1,10:3	Gastroenteritis	1 year	
13/			

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	3
	county Harford	Registration Dist. No.
should of OCC	Village or City Berlalen	No.
ite of		f death occurred in a hospital or institution, give its NAME instead of a
ANN ent	Length of residence in city or town where deeth occurred	sds. How fong in U.S. if of foreign birth?yrs
CORD. Every PHYSICIANS	2. FULL NAME & mfant from	-alul-
RD. YSJ	(a) Residence: No. (Usual place of abode)	St., Ward.
RECORD. Every item of PHYSICIANS should Exact statement of OCC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Leb 7
MANEN A C T I assified	5e. If married, widowed, or divorced	(Month) (Dey)
IAN A C Ssii	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That
G ZXG .	TI 2 1002	19 \$ 5, 10
PE PE	7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 2 1 m
IS A PE stated E properly certificate	Ma - Ma - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of import
Sta Sta pro	8. Trede, profession, or perficular	were as follows:
HIS be be	kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed last worked at this excuration fronth and this property of the property of the second to the contract to the second to the contract to the contra	till loss:
K-T lould may back	9. findustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
	SAW MILL, BANK, etc	Dufrut
	o this occupation (month and spent in this occupation occupation	
INFADING I pplied. AGE erms, so that instructions of	12. BIRTHPLACE (Otty of Jown) Berfalen	Other Contributary Canocs of importance:
_ H · H	(Stete or country) md	•
NANG INFA supplied n terms, ee instri	13. NAME fames C. Inowder	
MANCH NEA y supplied ain terms, See instru	13. NAME fames & Inowder 14. BIRTHPLACE (city or town) & arfring ton	Neme of operation
	(Stete of Country)	Whet fest confirmed diagnosis? Wes
X, WIJ carefull H in pl	15. MAIDEN NAME Stelen Smith	23. If death wes due to externel causes (VIOLENCE) fill in also the
ort ar	5 16. BIRTHPLACE (city or town) Darlimata	Accident, suicide, or homicide? Dete of injur
be imp	(Stete or country)	Where did injury occur? (Specify city or town, count
E PLAINL should be OF DEAT	17. INFORMANT of Miles of Mounder	Specify whether injury occurred in INDUSTRY, in HOME, or in Pl
Sh sh	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Hosannalin Dela Tell 1, 1933	Nature of injury
-WRIT mation CAUS TION	19. UNDERTAKER JY: S. Bailey	24. Wes disease or injury in eny way releted to occupetion of dece
B	(Address) Darlington May,	If so, specify
z	20. FILED Febr. Z, 1933 M. W. River.	(Signed) (Address) ACOL
	Registrar.	" (Audiess) - fre a la l

-	
	Registration Dist. No. 184
(lf	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
mos	ds. How fong in U.S. if of foreign birth?yrsmosds.
	10.
M	TOM.
	St., Ward.
-	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
;	21. DATE OF DEATH
	(Month) (Dev) (Year)
	22. HEREBY CERTIFY That I attended deceesed from
	ful /= 1933, to feb 1, 1933
	I last saw haffve on Selle Source, 19; death is said
n	to have occurred on the date stated above, et
hrs.	The PRINCIPAL CAUSE OF DEATH end relefed causes of importence
	were as follows:
	Hul ton
	Dufrut
_	
	Other Centributary Canses of importance:
	Neme of operation
	Whet fest confirmed diagnosis? Wes there en eulopsy?
	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
_	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

	Menner of injury
Ø	Nafure of injury
	24. Wes disease or Injury in eny way releted to occupetion of deceased?
	If so, specify (Signed) The state of the sta
	(Address) - Instanting to the

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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	11900
1. PLACE OF DEATH			11805
County Harford		Registration Dist. Np.	182
Village or City Harden	Cla Hame A	Eller mice St.	
	(1)	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death or	ccurred yrs mos	sds. How long in U.S. if of foreign birth?yrsn	nosds.
2. FULL NAME Harry	Dluffer		
(a) Residence: Np.		St., Ward.	
LINCORD TO THE RESIDENCE OF THE PERSON OF TH	Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Stelly 9	, 193.3 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of		("p"") ("pay)	(1281)
(or) WIFE of	_	22. HEREBY CERTIFY, That attended	
01	5/ .	Jan 1 ,1953 to Feb 9	1983
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	2-1860	220/1	5.; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
12 1	/ ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,	8		-
SAWYER, BDDKKEEPER, etc	1000	Chrowe myocardial	
work wes done, as SILK MILL, SAW MILL, BANK, etc	*	(Disease	1 grago
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	11. Total time (years)		
this occupation (month and year)	spent in this		-
noul	•	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	***************************************		
	1-11	***************************************	
E T T	ugger		
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of	
	1	What test confirmed diagnosis? Was there an	autopsy? 40
15. MAIDEN NAME Mary 1 16. BIRTHPLACE (city or town)	nanh	23. If death was due to external ceusas (VIOL ENCE) fill in also the following	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of Injury	, 19
(State or country)	nd	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Securles Sets (Addrass)	atrick	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	10-	Manner of Injury	
Place County Hamm Date	Jely 9, 1933	Nature of injury	
Dec y1	R	24. Was disease or injury In any way related to occupetion of deceased?	w
19. UNDERTAKER OF COLUMN Y GO	· Mars	If so, specify	

Registrar.

If so, specify (Signed)

(Address) _.

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TION is very important. See instructions on back of certificate.

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STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
	1414 41 4 1 1	7 11 12	O=11111		V I	

	_					A A C C A SAME	
1. PLACE OF DEATH					To2	01807	
County Harford					Registration Dist. No. 183		
Village or City Upper X Roads					No. St.	Ward	
					ff death occurred in a hospital or institution, give its NAME instead of street as	ad number)	
Length of	rasidence in c	ity or town where o	leeth occurred	yrs,mos	s22ds. How long in U.S. If of foreign birth?yrs	_mosds.	
2. FULL N	IAME	Charle	es Edwar	d Thomas			
(a) Resid	dence: No	Upper	X Road (Usual place	of abode)	St., Ward. If nonresident give city or lown a	and State	
PERSO	ONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX Nale	OR BUILDING () III		21. DATE OF DEATH (Month) (Dev)	, 193 3 (Year)			
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of					22. J HEREBY CERTIFY. Thet I attended deceased from		
6. DATE OF BIRT	TH (month, da	y, end year) De	c. 28t	1932	Jeb. 18, 1933, to Jeb. 19 1 lest sew him elive on Feb. 19, 193	.3.; death is seld	
7. AGE	Years	Months	Days 22	If LESS then	to heve occurred on the deta steted abova, atm.		
	0	1	66	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:	Date of onset	
North SAW 10. Dete dec	PER, BOOKKEI or business in was dona, es MILL, BANK, eesed lest wo ccupetion (mo	SILK MILL, atcrked at onth end	sper	me (yeers) It in this petion	Other Contributory Causes of Importence:		
12. BIRTHPLACE (Stata or		Upper Harfor			Other Countries of Importance.		
13. NAME	Sami	uel Thor	18.5				
14. BIRTHPLACE (city or town) Harford . Co (Steta or country) Md.					Name of operation Date of Whet test confirmed diagnosis? Was there e		
15. MAIDEN	NAME]	Ruth B	Linton		23. If death wes due to external causes (VIOL ENCE) fill in elso the follow		
15. MAIDEN NAME Ruth B. Linton 16. BIRTHPLACE (city or town) Baltimore, (Stata or country) Md					Accidant, sulcide, or homicide?		
17. INFORMANT _ (Address)			on R.I)	(Specify city or lown, county and S Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	itale) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Jappettsville Cem. Feb, 21 33 Dete 19					Menner of injury		
19. UNDERTAKER E.G. Kurtz & Son (Address) Jarrettsville, Md.					24. Wes diseese or injury In eny wey related to occupetion of deceased?		
20. FILEO FIA. 21 , 1933 Thos R Brown Registrar.					(Signed) H. H. Bradley (Address) Janettowills	m. D.	
					A		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis St. 1	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
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MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	(59)			
County Harford County Limites	Registration Dist. No. 186			
Village or City Havre de Race	No. St., Ward death occurred in a Kospital or institution, give its NAME instead of street and number)			
	ds. How long in U. S. if of foreign birth?			
2. FULL NAME Baty Willis				
(a) Residence: No. Hospital	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fall			
male with kingle	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That attended deceased from			
(or) WIFE of	tay 8 - 1973, to 6 tay 9 , 1933			
6. DATE OF BIRTH (month, day, end year) 74 8 = 1933	I last saw h. a. alive on 4 4 8, 1933; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at			
1 day, //hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done as SPINNER				
kind of work done, as SPINNER, Zuone	malus			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
O. Date deceased last worked et 11. Total time (years)				
this occupation (month end spant in this occupation				
12. BIRTHPLACE (city or town) Harn or From Wel	Other Coutributory Causes of importance:			
(State or country) Hard				
13. NAME Fry a Willis				
14. BIRTHPLACE (city or town)	Name of operation Date of			
(State or country) Va	What test confirmed diagnosis? Was there en au'opsy?			
15. MAIDEN NAME Tarray Confusion	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
15. MAIOEN NAME Takeny Coffeeharen 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?			
E (State or country).	Where did injury occur?			
17. INFORMANT Dr Geo. a. Willis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
(Address) Havrede Grace Mid				
18. BURIAL, CREMATION OR REMOVAL COM. Date 716. 9 19 3	Manner of injury			
Place Date Att., 19	Nature of injury			
19. UNDERTAKER / / / / / / / / / / / / / / / / / / /	24. Was disease or injury in eny way related to occupation of deceased?			
(Address) Have de Gran Md.	If so, specify			
20. FILED Feb. 9 , 1933 Charles & John no	(Signed) T. V. Wellie M. D.			
Registrar.	(Address) Ham A III			

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of des of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	18AD A 1033	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURDWAH V.	July 5,1927	Peritonitis	3 days ago
l l				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year